
DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT END OF FORMS

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
ENVIRONMENTAL ENFORCEMENT SECTION, A-901 UNIT
REVISED JANUARY 2002

BUSINESS CONCERN DISCLOSURE STATEMENT

Print or type all data, except where signature is required.

NAME AND MAILING ADDRESS OF APPLICANT:

FORM OF BUSINESS:

Corporation	_____
Subchapter S Corporation	_____
Limited Liability Company	_____
Sole Proprietorship	_____
Partnership	_____
Limited Partnership	_____
Joint Venture	_____
Other (describe)	_____

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

Name: _____

Title: _____

Telephone: _____

This Disclosure Statement is being filed in support of an application for:

Type of facility or service (check all that apply) _____	Currently <u>licensed</u>	Current <u>application</u>
---	------------------------------	-------------------------------

SOLID WASTE:

Solid waste transporter	_____	_____
Solid waste broker	_____	_____
Compost facility	_____	_____
Materials recovery facility	_____	_____
Resource recovery facility	_____	_____
Sanitary landfill	_____	_____
Transfer station	_____	_____
Other (describe)_____	_____	_____

HAZARDOUS WASTE:

Hazardous waste transporter	_____	_____
Hazardous waste broker	_____	_____
Hazardous waste TSD facility	_____	_____
Other (describe)_____	_____	_____

EXISTING REGISTRATIONS/PERMITS/I.D.s

NJDEP Registration No.(s) (if existing)	_____
Federal DOT No. (if applicable)	_____
USEPA I.D. (if applicable)	_____
FEID No. (if applicable)	_____

NJBPU Certificate of Public Convenience and Necessity (if existing)	_____
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PART I**APPLICANT IDENTIFYING DATA**

1. NAME AND TRADE NAME OF APPLICANT. In 1.a., state the complete name of the applicant holding or applying for a DEP solid waste or hazardous waste license, as it appears on the certificate of incorporation, charter, bylaws, partnership agreement or other official document which establishes the name of the applicant. (If no such document exists, state the name the business uses.) Also list, in 1.b., any "trading as," "doing business as," fictitious, or informal name.

a. Name: _____

b. Trade name (etc.): _____

Street address of principal office - **do not use P.O. Box:**

Telephone: _____

2. PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past ten years. Include names of divisions, and "trading as," "doing business as", fictitious, or informal names.

<u>Name</u>	<u>From (year)</u>	<u>To (year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. DATE OF ORGANIZATION. State when the applicant's business was established (date of incorporation, partnership agreement, filing of fictitious name certificate, etc.)

4. ATTORNEY AND ACCOUNTANT. State the name, address and telephone numbers of the applicant's attorney and accountant.

a. ATTORNEY

Name: _____

Address: _____

Telephone: _____

b. ACCOUNTANT

Name: _____

Address: _____

Telephone: _____

5. PAST ADDRESSES OF PRINCIPAL OFFICE. List all previous addresses of the applicant's principal office within the last ten years.

<u>Address</u>	<u>From (year)</u>	<u>To (year)</u>
A) _____ _____	_____	_____
B) _____ _____	_____	_____
C) _____ _____	_____	_____

For purposes of questions 6, 7, 8 and 9, the term "solid waste or hazardous waste business" includes any location or facility operated by the applicant where solid waste or hazardous waste was/is (as applicable) treated, stored, or disposed of; transfer stations; terminals or business offices of collector/haulers or transporter operations; sanitary landfills; incinerators; resource recovery facilities; dumps; etc. It includes solid waste or hazardous waste activities which are no longer permitted.

6. APPLICANT'S FACILITIES IN NEW JERSEY. List all locations in the State of New Jersey at which the applicant is currently operating or proposes to operate any aspect of its solid waste or hazardous waste business, including offices, or is generating hazardous waste (except as a small quantity generator). If the solid waste or hazardous waste facility operates under a settlement agreement, consent order, or court order, attach copy of same and note below.

Operating authorization attached? ☐ Yes ☐ No

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>NJDEP reg. no. and/or USEPA I.D.</u>
A) _____ _____	_____	_____	_____
B) _____ _____	_____	_____	_____
C) _____ _____	_____	_____	_____
D) _____ _____	_____	_____	_____
E) _____ _____	_____	_____	_____

7. APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations in the last ten years, including offices, in the State of New Jersey at which the applicant formerly operated any aspect of a solid waste or hazardous waste business, **and** any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 25% or more of the applicant's equity.

<u>Address</u>	<u>Type of facility</u>	<u>From (years)</u>	<u>To</u>	<u>NJDEP regis. no. and/or USEPA I.D.</u>
A) _____ _____	_____	_____	_____	_____
B) _____ _____	_____	_____	_____	_____

8. APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, district or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its solid waste or hazardous waste business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
A) _____ _____	_____	_____	_____
B) _____ _____	_____	_____	_____

9. APPLICANT'S FORMER FACILITIES IN OTHER JURISDICTIONS. List all locations in the last ten years in any state, district or territory of the United States, other than New Jersey, or in any foreign country, at which the applicant formerly operated any aspect of a solid waste or hazardous waste business, **and** any location at which such a business was owned and/or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 25% or more of the applicant's equity or debt liability.

<u>Address</u>	<u>Type of facility</u>	<u>From</u>	<u>To</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
A) _____ _____	_____	_____	_____	_____
B) _____ _____	_____	_____	_____	_____
C) _____ _____	_____	_____	_____	_____
D) _____ _____	_____	_____	_____	_____
E) _____ _____	_____	_____	_____	_____
F) _____ _____	_____	_____	_____	_____

PART II**CORPORATE DATA**

(Part II to be completed only by corporations and limited liability companies)

10. NAME OF CORPORATION/LIMITED LIABILITY COMPANY. State the complete name as it appears on the certificate of incorporation/formation and as filed with the Secretary of State. Give corporation number (if any) from the state of incorporation/formation, and supply a copy of the certificate of incorporation/formation and the last annual report filed with the State of New Jersey.

Name: _____

Certificate of
incorporation no.: _____

Copy of certificate of incorporation/formation attached? ☐ Yes ☐ No

Copy of last annual report attached? ☐ Yes ☐ No

11. REGISTERED AGENT. State the name, address and telephone number of the New Jersey Registered Agent for service of process.

Name: _____

Address: _____

Telephone: _____

12. OFFICERS/LLC MANAGERS. List the following information as to each Officer/LLC Manager of the corporation/company. Each individual listed below must also complete and file with this disclosure statement a Personal History Disclosure Form. Each individual below must also be listed on the Summary of Principals (Page 58). Use additional copies of this page, as necessary. **If listing more than 3 Officers, contact the Division of Law, Environmental Enforcement Section, A-901 Unit, at (609) 292-6019 or 292-6018 prior to submitting Personal Histories.** Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 61).

Name: _____ **Telephone:** _____

Business address: _____

Office held	Date took office	Date of birth	Social security no.
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

Office held	Date took office	Date of birth	Social security no.
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

Office held	Date took office	Date of birth	Social security no.
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

Office held	Date took office	Date of birth	Social security no.
_____	_____	_____	_____

13. DIRECTORS. List the following information as to each Director of the corporation. Each individual listed below must also complete and file with this disclosure statement a Personal History Disclosure Form. Each

individual below must also be listed on the Summary of Principals (Page 58). Use additional copies of this page, as necessary. Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 61).

Name: _____ **Telephone:** _____

Business address: _____

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>	<u>Social security no.</u>
_____	_____	_____	_____

14. FORMER OFFICERS AND DIRECTORS/LLC MANAGERS. List the following information as to each person who was an Officer or Director/LLC Manager of the corporation/company at any time during the last 5 years **and is not listed in the responses to questions 12 or 13.** Use additional copies of this page, as necessary.

Name and last known address: _____

Position held	From	To	Date of birth
		(month/year)	
_____	_____	_____	_____

Name and last known address: _____

Position held	From	To	Date of birth
		(month/year)	
_____	_____	_____	_____

Name and last known address: _____

Position held	From	To	Date of birth
		(month/year)	
_____	_____	_____	_____

Name and last known address: _____

Position held	From	To	Date of birth
		(month/year)	
_____	_____	_____	_____

PART III**PARTNERSHIP/JOINT VENTURE DATA**(Part III to be completed only by Partnerships or Joint Ventures)

15. Provide a copy of the partnership or joint venture agreement of applicant. If any business concern is listed below, a separate Business Concern Disclosure Statement (**not a Second-Level Statement**) describing that business concern must be completed and filed with this Disclosure Statement.

Copy attached? ____ Yes ____ No

16. PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this page, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners." **Each individual listed below must also complete** and file with this Disclosure Statement a **Personal History Disclosure Form**. Each individual listed below must also be listed on the Summary of Principals (Page 58). Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 61).

a. Type of Association: _____ General Partnership
 _____ Limited Partnership
 _____ Joint Venture

b. General Partners or joint venturers

Name: _____ **Telephone:** _____

Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

c. Limited Partners

Name: _____ **Telephone:** _____

Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

Name: _____ **Telephone:** _____

Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

17. FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners and joint venturers of the applicant during the past 5 years **that are not listed in the response to the preceding question.** Use additional copies of this page, as necessary.

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. : _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. : _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. : _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. : _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. : _____

PART IV**OTHER APPLICANT DATA**

(Complete Part IV only if the applicant is organized in a form **other** than a corporation, LLC, partnership or joint venture - such as a trust, association or estate.)

18. FORM OF THE APPLICANT'S BUSINESS. Describe how the applicant is organized. Attach copies of all documents that describe the establishment of the applicant's business, e.g., a charter.

Type (sole proprietorship, trust; trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

19. OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the applicant. **Each individual listed below must also complete and file with this Disclosure Statement a Personal History Disclosure Form.** Each individual below must also be listed on the Summary of Principals (Page 58). If any business concern is listed below, a Second-Level Business Concern Disclosure Statement describing that business concern must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary. Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 61).

Name: _____ **Telephone:** _____

Business address: _____

Position: _____ **Dates position held from/to (month/year):** _____

Date of birth: _____ **FEID no. or soc. sec. no.:** _____

Name: _____ **Telephone:** _____

Business address: _____

Position: _____ **Dates position held from/to (month/year):** _____

Date of birth: _____ **FEID no. :** _____

20. FORMER OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person or business who/which was an owner, officer, trustee or controlling party of the applicant at any time in the last 10 years **and is not listed in the response to question 19**. Use additional copies of this page, as necessary.

Name and last known address:

Position: _____ Dates position held
from/to (month/year): _____
Date of birth: _____ FEID no. or soc. sec. no.: _____

Name and last known address:

Position: _____ Dates position held
from/to (month/year): _____
Date of birth: _____ FEID no. or soc. sec. no.: _____

Name and last known address:

Position: _____ Dates position held
from/to (month/year): _____
Date of birth: _____ FEID no. or soc. sec. no.: _____

PART V
EQUITY INTERESTS

21. SOLID WASTE OR HAZARDOUS WASTE INTERESTS. List the following information as to any business concern, in any state, territory or district of the United States, or in any foreign country, which collects, transfers, treats, stores, recycles, processes or disposes of solid waste or hazardous waste on a commercial basis, in which the applicant holds an equity interest of at least 25% or more, or has formerly held in the last 5 years an equity interest of 25% or more.

Name: _____ **Telephone:** _____

Business address: _____

FEID no.: _____ Period equity held: From: _____ To: _____
(month/year)

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____

Business address: _____

FEID no.: _____ Period equity held: From: _____ To: _____
(month/year)

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____

Business address: _____

FEID no.: _____ Period equity held: From: _____ To: _____
(month/year)

Type of equity: _____ % of total equity: _____

22. OTHER EQUITY INTERESTS. List the following information as to any business concern in any state, territory or district of the United States, or in any foreign country, in which the applicant holds an equity interest of at least 25% or more, or has formerly held in the last 5 years an equity interest of 25% or more.

Name: _____ **Telephone:** _____

Business address: _____

FEID no.: _____ Date equity obtained: _____

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____

Business address: _____

FEID no.: _____ Date equity obtained: _____

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____

Business address: _____

FEID no.: _____ Date equity obtained: _____

Type of equity: _____ % of total equity: _____

23. CORPORATE STRUCTURE. If the applicant is a subsidiary of a parent corporation, or is the parent of one or more subsidiaries, or is part of a conglomerate or a group of companies in common ownership, supply a chart showing the names, FEID numbers and relationships of all parent, sister, subsidiary and affiliate corporations, and/or members of the conglomerate or group. Show ultimate parents. **Note:** This question **applies to** related companies in **any business**, not just the solid waste or hazardous waste business.

Chart attached? _____ Yes _____ No

PART VI

EXPERIENCE AND CREDENTIALS

24. Describe the applicant's experience and credentials in the collection, transfer, transportation, treatment, storage, processing, recycling or disposal of solid waste or hazardous waste. Attach additional pages, as necessary.

[illegible]

PART VII

EMPLOYEE DATA

25. KEY EMPLOYEES. List the following information as to all Key Employees of the applicant. "Key Employee" means any individual employed by a solid waste or hazardous waste applicant, permittee or licensee in a supervisory capacity with respect to the solid waste or hazardous waste operations of the business concern in **New Jersey** or empowered to make discretionary decisions with respect to those operations, but shall not include employees exclusively engaged in the physical or mechanical collection, transportation, treatment, storage, transfer or disposal of solid waste or hazardous waste (N.J.A.C. 7:26-16.2). Use additional copies of this page, as necessary. **Each individual listed below must also complete with this disclosure statement a Personal History Disclosure Form.** Each Individual listed below must also be listed in the Summary of Principals (Page 58). Do not provide SS# for any individuals who have not signed Consent Form For Disclosure of SS# (Page 61).

Name: _____ **Telephone:** _____

Business address: _____

<u>Position</u>	<u>Date took</u> <u>position birth</u>	<u>Date of</u> <u>security no.</u>	<u>Social</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Position</u>	<u>Date took</u> <u>position birth</u>	<u>Date of</u> <u>security no.</u>	<u>Social</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Position</u>	<u>Date took</u> <u>position birth</u>	<u>Date of</u> <u>security no.</u>	<u>Social</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Position</u>	<u>position</u>	<u>Date took birth</u>	<u>Date of security no.</u>	<u>Social</u>
_____	_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Position</u>	<u>position</u>	<u>Date took birth</u>	<u>Date of security no.</u>	<u>Social</u>
_____	_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Position</u>	<u>position</u>	<u>Date took birth</u>	<u>Date of security no.</u>	<u>Social</u>
_____	_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

<u>Position</u>	<u>position</u>	<u>Date took birth</u>	<u>Date of security no.</u>	<u>Social</u>
_____	_____	_____	_____	_____

26. FORMER KEY EMPLOYEES. List the following information as to each person who was a Key Employee of the applicant at any time during the last 5 years **and is not listed in the response to question 25.**

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

27. OTHER EMPLOYEES. List the following information as to all employees (other than the Officers, Directors or Key Employees listed above). Include personnel employed on a full-time, part-time, or commission-based. **If more than 20 individuals, contact the Division of Law, Environmental Enforcement Section, A-901 Unit, prior to completing this section.** Do not provide SS# for any individuals who have not signed Consent Form for Disclosure of SS# (Page 61).

NOTE: Individuals listed in this section are not required to file Personal History Disclosure Statement Forms at this time. **Do not include non-Key Employees in your calculation of estimated fee.**

Name: _____ **Telephone:** _____

Business address: _____

		Date	Date of
<u>Position</u>	<u>hired</u>	<u>birth</u>	
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

		Date	Date of
<u>Position</u>	<u>hired</u>	<u>birth</u>	
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

		Date	Date of
<u>Position</u>	<u>hired</u>	<u>birth</u>	
_____	_____	_____	_____

Name: _____ **Telephone:** _____

Business address: _____

		Date	Date of
<u>Position</u>	<u>hired</u>	<u>birth</u>	
_____	_____	_____	_____

Name: _____**Telephone:** _____

Business address: _____

<u>Position</u>	<u>hired</u>	Date	Date of
_____	_____	_____	_____

Name: _____**Telephone:** _____

Business address: _____

<u>Position</u>	<u>hired</u>	Date	Date of
_____	_____	_____	_____

Name: _____**Telephone:** _____

Business address: _____

<u>Position</u>	<u>hired</u>	Date	Date of
_____	_____	_____	_____

Name: _____**Telephone:** _____

Business address: _____

<u>Position</u>	<u>hired</u>	Date	Date of
_____	_____	_____	_____

Name: _____**Telephone:** _____

Business address: _____

<u>Position</u>	<u>hired</u>	Date	Date of
_____	_____	_____	_____

LICENSES AND PERMITS HELD

28. NJ DEP and US EPA. List all N.J. Department of Environmental Protection or U.S. Environmental Protection Agency solid/hazardous license, permit, registration, temporary operating authorization, recycling approval, etc. held in the last 10 years by the applicant under any name. Use additional copies of this page, as necessary.

Name under which held: _____

Type of facility: _____

Type of approval or permit
(indicate if temporary) _____

Facility location: _____

From/to (years): _____ DEP no./EPA I.D.: _____

Name under which held: _____

Type of facility: _____

Type of approval or permit
(indicate if temporary) _____

Facility location: _____

From/to (years): _____ DEP no./EPA I.D.: _____

Name under which held: _____

Type of facility: _____

Type of approval or permit
(indicate if temporary) _____

Facility location: _____

From/to (years): _____ DEP no./EPA I.D.: _____

29. N.J.S.A. TITLE 48. List all licenses, Certificates of Public Convenience and Necessity, or Uniform Tariff approvals issued in the last 10 years, pursuant to N.J.S.A. Title 48, to the applicant, under any name, by the DEP, the former N.J. Board of Public Utilities (BPU) or the former N.J. Public Utilities Commission (PUC). Use additional copies of this page, as necessary.

Name under which held: _____

Type of approval: _____

From/to (years): _____ DEP/BPU/PUC I.D. no.: _____

Name under which held: _____

Type of approval: _____

From/to (years): _____ DEP/BPU/PUC I.D. no.: _____

Name under which held: _____

Type of approval: _____

From/to (years): _____ DEP/BPU/PUC I.D. no.: _____

Name under which held: _____

Type of approval: _____

From/to (years): _____ DEP/BPU/PUC I.D. no.: _____

30. OTHER APPROVED ACTIVITIES. List, and explain in detail, any solid waste, hazardous waste or recycling activity in which the applicant has been authorized to engage by a New Jersey judicial or administrative body, in the State of New Jersey, in the last 10 years. Attach additional copies of this page, as necessary.

31. OUT-OF-STATE SOLID WASTE OR HAZARDOUS WASTE LICENSES. List all licenses held by the applicant within the last 10 years, under any name for the collection, transfer, transportation, treatment, storage, recycling, processing or disposal of solid waste or hazardous waste, on a commercial basis, in any part of the United States outside of New Jersey, or in any foreign country. "License" includes registration, permit, or equivalent operating authorization. Attach additional copies of this page, as necessary.

Name under which held: _____
Business address or
facility location: _____
Type of
license: _____ Issuing agency: _____
Dates held from/to (years): _____ License no.: _____

Name under which held: _____
Business address or
facility location: _____
Type of
license: _____ Issuing agency: _____
Dates held from/to (years): _____ License no.: _____

Name under which held: _____
Business address or
facility location: _____
Type of
license: _____ Issuing agency: _____
Dates held from/to (years): _____ License no.: _____

Name under which held: _____
Business address or
facility location: _____
Type of
license: _____ Issuing agency: _____
Dates held from/to (years): _____ License no.: _____

PART IX**CIVIL VIOLATIONS HISTORY**

The following questions concern civil violations of environmental protection statutes and regulations. In this section, the term "you" refers to the applicant identified in Part I, question 1 **and** to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 25% of the equity or debt liability.
- d. Any Officer, Director, Partner, Joint Venturer or Key Employee of the applicant, and any business concern owned or controlled by any such individual.

NOTE: Parent companies: Any business concern which holds any equity or debt liability in the applicant, or, if the applicant is a publicly traded corporation, any applicant which holds more than 5% of its equity or debt liability, must file a separate Second-Level Business Concern Disclosure Statement. This applies to all immediate, intermediate and ultimate "parent" companies. However, if the debt liability of the applicant is held by a chartered lending institution, the chartered lending institution is not required to list its violations history.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is "none", write "none". If the item is not applicable, write "not applicable" or "N/A", **with an explanation of why**. A question left unanswered will not be presumed "Not Applicable" or "none" - THE FORM WILL BE DEEMED INCOMPLETE. You may use appropriate cross reference if the citations are explained in the Personal History Disclosure Statement Forms or other Business Concern Disclosure Statements filed with this Disclosure Statement.

As used below, the term "law or regulation pertaining to protection of the environment" includes statutes and regulations relating to the collection, transfer, transportation, treatment, storage, processing, recycling or disposal of solid waste or hazardous waste; and any other statutes or regulations relating to air and water pollution, discharge of hazardous substances, transportation of hazardous materials and control of pesticides or toxic substances. It includes regulations of the N.J. DEP, the N.J. DOT, the U.S. EPA, and the U.S. Department of Transportation.

32. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the New Jersey Department of Environmental Protection (DEP) or former New Jersey Board of Public Utilities (BPU). Penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

Name of entity cited:	_____	Date Issued:	_____
Address of alleged violation:	_____		
Alleged violation:	_____	Type of notice:	_____
Disposition & explanation:	_____		

Name of issuing agency: _____ Docket no.: _____

Name of entity cited:	_____	Date Issued:	_____
Address of alleged violation:	_____		
Alleged violation:	_____	Type of notice:	_____
Disposition & explanation:	_____		

Name of issuing agency: _____ Docket no.: _____

Name of entity cited:	_____	Date Issued:	_____
Address of alleged violation:	_____		
Alleged violation:	_____	Type of notice:	_____
Disposition & explanation:	_____		

Name of issuing agency: _____ Docket no.: _____

33. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal statute or regulation pertaining to protection of the environment. Penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

Name of entity cited:	_____	Date Issued:	_____
Address of alleged violation:	_____		
Alleged violation:	_____	Type of notice:	_____
Disposition & explanation:	_____		

Name of issuing agency: _____ Docket no.: _____ Penalty assessed: _____

Name of entity cited:	_____	Date Issued:	_____
Address of alleged violation:	_____		
Alleged violation:	_____	Type of notice:	_____
Disposition & explanation:	_____		

Name of issuing agency: _____ Docket no.: _____ Penalty assessed: _____

Name of entity cited:	_____	Date Issued:	_____
Address of alleged violation:	_____		
Alleged violation:	_____	Type of notice:	_____
Disposition & explanation:	_____		

Name of issuing agency: _____ Docket no.: _____ Penalty assessed: _____

34. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

Name of		Date	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

Name of		Date	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

Name of		Date	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

35. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

Name of		Date	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

Name of		Date	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

Name of		Date	
entity cited:	_____	issued:	_____
Alleged			
Violation:	_____	Type of	
Address of		notice:	_____
alleged			
violation:	_____		
Issuing			
Agency:	_____	Docket no.:	_____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

PART X**ANTITRUST JUDGEMENTS**

36. ANTITRUST JUDGMENTS. List and explain all complaints, judgements, consent decrees or consent orders pertaining to a violation or alleged violation by you of federal or state antitrust laws, trade regulations or securities regulations issued or filed within the last ten years. Attach a copy of the complaint and if applicable, the final order or decree. List in the following order: cases in New Jersey courts, federal courts, other states' courts, foreign countries.

Title of case: _____ **Docket no.:** _____
Name & location of _____ Date judgment, decree
court of agency: _____ or order entered: _____
Nature of _____
order: _____

Title of case: _____ **Docket no.:** _____
Name & location of _____ Date judgment, decree
court of agency: _____ or order entered: _____
Nature of _____
order: _____

Title of case: _____ **Docket no.:** _____
Name & location of _____ Date judgment, decree
court of agency: _____ or order entered: _____
Nature of _____
order: _____

PART XI

OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

37. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$60,000 rendered against the applicant in the past 10 years. Notwithstanding the foregoing, you need not list "slip and fall" cases or cases arising out of automobile or truck accidents if no fatality occurred. Use additional copies of this page, as necessary.

Caption of case: _____

Docket no.: _____ Name & location of court: _____

Date judgment
of court entered: _____ Amt./terms of judgment: _____

Nature of suit: _____

Caption of case: _____

Docket no.: _____ Name & location of court: _____

Date judgment
of court entered: _____ Amt./terms of judgment: _____

Nature of suit: _____

38. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party. Include matters involving resolution before arbitration boards. Notwithstanding the foregoing, you need not list "slip and fall" cases; cases arising out of automobile or truck accidents if no fatality occurred; and suits seeking less than \$60,000 in damages where no other relief is sought. Use additional copies of this page, as necessary.

Caption of case: _____

Docket no.: _____ Name & location of court: _____

Nature of suit/relief sought: _____

Status: _____

Caption of case: _____

Docket no.: _____ Name & location of court: _____

Nature of suit/relief sought: _____

Status: _____

PART XII**CRIMINAL PROCEEDINGS**

39. CRIMINAL CHARGES AND CONVICTIONS. List all indictments, accusations, summonses, complaints, and informations filed against the applicant for any crime or felony. List all accusations, summonses, complaints, and informations filed against the applicant within the last 10 years for any misdemeanor, disorderly persons offense, or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) other than a violation of the provisions of N.J.S.A. 39:5B-18 et seq., N.J.S.A. 39:5B-25 et seq. or N.J.S.A. 39:5B-30 et seq., or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page, as necessary.

Name of entity**charged/convicted:** _____Description of
crime/offense charged: _____Indictment information,
complaint, etc., No.: _____

Jurisdiction

where charged: _____

Date
charged: _____Disposition (if applicable,
sentence imposed): _____**Name of entity****charged/convicted:** _____Description of
crime/offense charged: _____Indictment information,
complaint, etc., No.: _____

Jurisdiction

where charged: _____

Date
charged: _____Disposition (if applicable,
sentence imposed): _____**Name of entity****charged/convicted:** _____Description of
crime/offense charged: _____Indictment information,
complaint, etc., No.: _____

Jurisdiction

where charged: _____

Date
charged: _____Disposition (if applicable,
sentence imposed): _____

Documentary material attached? _____ Yes _____ No

[illegible]

PART XIII**UNIONS AND TRADE ASSOCIATIONS**

41. LABOR UNIONS. List all labor unions with which the applicant has had collective bargaining agreements during the past 10 years. Use additional copies of this page, as necessary.

Name of union
& local no.: _____

Local's address: _____

Dates agreement was in effect: _____

Name of union
& local no.: _____

Local's address: _____

Dates agreement was in effect: _____

42. TRADE AND BUSINESS ASSOCIATIONS. List all trade or business associations of which the applicant, or any officer or key employee, partner, director, 25% or more equity holder or 25% or more debt holder was a member during the past 10 years. Use additional copies of this page, as necessary.

**Name of trade or
business association:** _____

Association's
address: _____

Date of membership
from/to: _____

Offices held
in association: _____

Individual's name
(if applicable): _____

**Name of trade or
business association:** _____

Association's
address: _____

Date of membership
from/to: _____

Offices held
in association: _____

Individual's name
(if applicable): _____

PART XIV**OWNERSHIP (EQUITY) AND DEBT LIABILITY OF THE APPLICANT**

Part XIV is to be completed by all applicants, regardless of the organizational structure of the business enterprise.

EQUITY

"Equity" means any ownership interest in a business. The form of ownership interest should be indicated on the line below for "type of equity." If stock, state whether shares are voting or non-voting.

43. EQUITY - PRIVATELY HELD CONCERNS. If the applicant is privately held:

a. List **individuals** currently holding any equity (regardless of percentage of equity share) in the applicant. **Each individual listed below must complete and file with this disclosure statement a Personal History Disclosure Statement Form.** Each individual listed below must also be listed on the Summary of Principals (Page 58). Use additional copies of this page, as necessary. Do not provide SS# for any individuals who have not signed Consent Form for Disclosure of SS# (Page 61).

Name: _____ **Telephone no.:** _____

Address: _____

Date of birth:	_____	Social security no.:	_____
Date equity obtained:	_____	Type of equity:	_____ % of total equity: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date of birth:	_____	Social security no.:	_____
Date equity obtained:	_____	Type of equity:	_____ % of total equity: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date of birth:	_____	Social security no.:	_____
Date equity obtained:	_____	Type of equity:	_____ % of total equity: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date of birth: _____ **Social security no.:** _____

Date equity obtained: _____ **Type of equity:** _____ **% of total equity:** _____

b. List all **business concerns** currently holding any equity in the applicant. **NOTE:** A Second-Level Business Concern Disclosure Statement describing any business concern listed below must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

Date equity obtained: _____ **Type of equity:** _____ **% of total equity:** _____

FEID no.: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date equity obtained: _____ **Type of equity:** _____ **% of total equity:** _____

FEID no.: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date equity obtained: _____ **Type of equity:** _____ **% of total equity:** _____

FEID no.: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date equity obtained: _____ **Type of equity:** _____ **% of total equity:** _____

FEID no.: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date equity held _____ Type of equity: _____ % of total equity: _____

FEID no.: _____

c. List all **individuals** formerly holding 25% or more of the applicant's equity during the past 5 years. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

Date equity held (from/to) _____ Type of equity: _____ % of total equity: _____

Date of birth: _____ SS #: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date equity held (from/to) _____ Type of equity: _____ % of total equity: _____

Date of birth: _____ SS #: _____

d. List all **business concerns** formerly holding 25% or more of the applicant's equity during the past 5 years. Use additional copies of this page, as necessary.

Name and last known address: _____

Dates equity held from/to (m/y): _____ Type of equity: _____ % of total equity: _____

FEID no.: _____

Name and last known address: _____

Dates equity held from/to (m/y): _____ Type of equity: _____ % of total equity: _____

FEID no.: _____

44. EQUITY - PUBLICLY TRADED CORPORATION. If the applicant is a publicly traded corporation:

a. Indicate below where the corporation's stock is traded.

_____	NYSE	Listing Symbol _____
_____	AMEX	
_____	Other exchanges (list)	_____
_____	Over-the-Counter	

b. Attach a copy of the corporation's most recent annual report to stockholders and SEC Form 10-K.

Copies attached? _____ Yes _____ No

c. List all **individuals** currently holding more than 5% of the total equity of the corporation. **Each individual listed below must complete and file with this disclosure statement a Personal History Disclosure Form.**

Each individual listed below must also be listed on the Summary of Principals (Page 58). Use additional copies of this page, as necessary. Do not provide SS# for any individuals who have not signed Consent Form for Disclosure of SS# (Page 61).

Name: _____ **Telephone no.:** _____

Address: _____

Date of birth: _____ Social security no.: _____

Date equity obtained: _____ Type of equity: _____

Amount of equity: _____ % of total equity held: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date of birth: _____ Social security no.: _____

Date equity obtained: _____ Type of equity: _____

Amount of equity: _____ % of total equity held: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date of birth: _____ **Social security no.:** _____

Date equity obtained: _____ **Type of equity:** _____

Amount of equity: _____ **% of total equity held:** _____

d. List all business concerns currently holding more than 5% of the total equity of the corporation. **NOTE: A Second-Level Business Concern Disclosure Statement describing any business concern listed below must be completed and filed with this disclosure statement.**

Name: _____ **Telephone no.:** _____

Address: _____

FEID no.: _____

Date equity obtained: _____ **Type of equity:** _____

Amount of equity: _____ **% of total equity held:** _____

Name: _____ **Telephone no.:** _____

Address: _____

FEID no.: _____

Date equity obtained: _____ **Type of equity:** _____

Amount of equity: _____ **% of total equity held:** _____

e. List all individuals formerly holding more than 5% of the total equity of the corporation in the past 5 years. Use additional copies of this page, as necessary.

Name and last known address: _____

Date of birth: _____

Dates equity held from/to (m/y): _____

Type of equity: _____

% of total equity: _____

Name and last known address: _____

Date of birth: _____
 Dates equity held _____ Type of _____ % of total
 from/to (m/y): _____ equity: _____ equity: _____

f. List all **business concerns** formerly holding more than 5% of the total equity of the corporation in the past 5 years. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

FEID no.: _____

Date equity held: (from/to) _____ Type of equity: _____

Amount of equity: _____ % of total equity held: _____

Name: _____ **Telephone no.:** _____

Address: _____

FEID no.: _____

Date equity held (from/to) _____ Type of equity: _____

Amount of equity: _____ % of total equity held: _____

DEBT LIABILITY

"Debt liability" means any form of monetary obligation other than an ownership interest. It includes bonds, debentures, notes, mortgages and loans of any kind, secured or unsecured. Describe below the nature of the obligation under the line for "type of debt."

In answering the questions which follow, you may omit accounts payable for goods and services received unless the amount owed to a particular creditor exceeds 5% of the applicant's total debt liability or net worth, whichever is greater. Debt liability also does not include accounts payable for goods and services received if the amount owed to a particular creditor is less than \$10,000.00.

45. DEBT LIABILITY - CHARTERED LENDING INSTITUTIONS.

a. List the following information as to debt liability **currently** held by any chartered lending institution, e.g., a commercial bank or savings & loan association. If you are in doubt as to whether a lender is a state or federally chartered lending institution, check with your lender or with the banking authority in your state. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

Date debt was created: _____ Type of debt: _____

Original amount: _____ Present balance: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date debt was created: _____ Type of debt: _____

Original amount: _____ Present balance: _____

Name: _____ **Telephone no.:** _____

Address: _____

Date debt was created: _____ Type of debt: _____

Original amount: _____ Present balance: _____

b. List the following information as to debt liability **formerly** held by any chartered lending institution (e.g., a commercial bank or savings & loan association) in the past 5 years. If you are in doubt as to whether a lender is a state or federally chartered lending institution, check with your lender or with the banking authority in your state. Publicly traded applicants are not required to supply this information. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

Name: _____ **Telephone no.:** _____

Address: _____
Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

Name: _____ **Telephone no.:** _____

Address: _____
Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

Name: _____ **Telephone no.:** _____

Address: _____
Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

Name: _____ **Telephone no.:** _____

Address: _____
Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

46. DEBT LIABILITY - PRIVATELY HELD APPLICANT. If the applicant is privately held:

a. List all **individuals** currently holding any debt liability of the applicant. Each individual listed below must also be listed on the Summary of Principals (Page 58). Do not provide SS# for any individuals who have not signed the Consent Form for Disclosure of SS# (Page 61)

Name: _____ **Telephone no.:** _____

Address: _____

Soc. _____ Date debt _____ Type _____
 sec.#: _____ was created: _____ of debt: _____

Original amount: _____ Present balance: _____

Name: _____ **Telephone no.:** _____

Address: _____

Soc. _____ Date debt _____ Type _____
 sec.#: _____ was created: _____ of debt: _____

Original amount: _____ Present balance: _____

b. List all **business concerns** currently holding any debt liability of the applicant. Do not include institutions listed in the response to question 44. **NOTE:** A Second-Level Business Concern Disclosure Statement describing any business concern listed below must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

FEID _____ Date debt _____ Type _____
 no.: _____ was created: _____ of debt: _____

Original amount: _____ Present balance: _____

Name: _____ **Telephone no.:** _____

Address: _____

FEID _____ Date debt _____ Type _____
 no.: _____ was created: _____ of debt: _____

Original amount: _____ Present balance: _____

c. List all **individuals** formerly holding 25% or more of the debt liability of the applicant in the past 5 years. Use additional copies of this page, as necessary.

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

d. List all **business concerns** formerly holding 25% or more of the debt liability of the applicant in the past 5 years. Do not include institutions listed in response to question 45 or chartered lending institutions. Use additional copies of this page, as necessary.

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____ FEID no.: _____

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____ FEID no.: _____

47. DEBT LIABILITY - PUBLICLY TRADED CORPORATION. If the applicant is a publicly traded corporation:

a. List all **individuals** currently holding more than 5% of the total debt liability of the applicant. Each individual listed below must also be listed on the Summary of Principals (Page 58). Do not provide SS# for any individuals who have not signed the Consent form for Disclosure of SS# (Page 61).

Name: _____ **Telephone no.:** _____

Address: _____

Soc. _____ Date debt _____ Type
sec.#: _____ was created: _____ of debt: _____

Original amount: _____ Present balance: _____

Name: _____ **Telephone no.:** _____

Address: _____

Soc. _____ Date debt _____ Type
sec.#: _____ was created: _____ of debt: _____

Original amount: _____ Present balance: _____

b. List all **business concerns** currently holding more than 5% of the total debt liability of the applicant. Do not include institutions listed in the response to question 44. **NOTE:** A Second-Level Business Concern Disclosure Statement describing any business concern listed below must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

FEID no.: _____ Date debt _____ Type
was created: _____ of debt: _____

Original amount: _____ Present balance: _____

Name: _____ **Telephone no.:** _____

Address: _____

FEID no.: _____ Date debt _____ Type
was created: _____ of debt: _____

Original amount: _____ Present balance: _____

c. List all **individuals** formerly holding more than 5% of the total debt liability of the applicant in the past 5 years. Use additional copies of this page, as necessary.

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

d. List all **business concerns** formerly holding more than 5% of the total debt liability of the applicant in the past 5 years. Do not include institutions listed in response to question 45. Use additional copies of this page, as necessary.

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____ FEID no.: _____

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____ FEID no.: _____

PART XV**FINANCIAL INSTITUTIONS AND FINANCIAL HISTORY**

48. List all petitions filed by or against the applicant under the Federal Bankruptcy Act, or under any state insolvency laws, which are pending or which were pending within the last 5 years. Attach a copy of the final order or judgment, if any. Use additional copies of this page, as necessary.

Caption of action: _____
 Court and
 location: _____

Docket no.: _____ Chapter: _____
 Date filed: _____ Status or
 disposition: _____

Caption of action: _____
 Court and
 location: _____

Docket no.: _____ Chapter: _____
 Date filed: _____ Status or
 disposition: _____

49. If any receiver, fiscal agent, trustee, reorganization trustee or similar officer of the business or property of the applicant has been appointed by a court within the past 5 years, list the following information (using additional copies of this page, as necessary):

Name: _____ **Telephone no.:** _____

Address: _____
 Dates appointed (from/to): _____ Appointing
 Reason court: _____
 appointed: _____

Name: _____ **Telephone no.:** _____

Address: _____
 Dates appointed (from/to): _____ Appointing
 Reason court: _____
 appointed: _____

50. If the applicant or its New Jersey solid/hazardous waste business has been organized within the last 10 years, or is yet to be organized, describe the source and amounts of the money which enabled or will enable

it to commence operations. Examples: "\$25,000 from personal savings" (list bank name and account number); "\$25,000 loan from Uncle Fred;(provide full name and address of the individual) "reinvested profits from another business" (provide name and address of the business), etc. Use additional copies of this page, as necessary.

51. AGREEMENTS OF SALE AND MERGERS - ALL APPLICANTS. If there exists any agreement of sale or merger, written or verbal, for 5% or more of the total equity of the lessor or if there are any ongoing negotiations for such a sale or merger, describe the nature and status of such agreement (or negotiations). If there is a written agreement of sale in effect, or in draft, attach a copy of it to this form. If there are no agreements of sale in effect or being negotiated, check "No agreement of sale." Use additional copies of this page, as necessary.

Written agreement? ☐ Yes ☐ No Copy attached? ☐ Yes ☐ No

Draft agreement? ☐ Yes ☐ No Copy attached? ☐ Yes ☐ No

Verbal agreement? ☐ Yes ☐ No

No agreement of sale ☐

Explanation: _____

52. SUBCONTRACTORS, BROKERS, AND CONSULTANTS.

a. List the following as to all subcontractors, brokers and consultants with which the applicant has written or oral agreements or has had such agreements within the past 5 years relating to the collection, transportation, treatment, storage, transfer, recycling or disposal of solid waste or hazardous waste. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

FEID _____ **Contact person**

No.: _____ **& position:** _____

Date agreement _____ **Date agreement**

executed: _____ **expires/expired:** _____

Type of subcontractor, broker, consultant (e.g., transportation, disposal, etc.):

DEP License No.: _____

Certification of Public Convenience and Necessity No.: _____

b. List all persons/entities for which the applicant has acted as a subcontractor, broker or consultant under written or oral agreements within the past 5 years relating to the collection, transportation, treatment, storage, transfer, recycling or disposal of solid waste or hazardous waste. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____

Address: _____

FEID No.: _____

Contact person & position: _____

Date agreement _____ **Date agreement**

executed: _____ **expires/expired:** _____

Type of subcontractor, broker, consultant (e.g., transportation, disposal, etc.):

PART XVI**IDENTIFICATION OF RESPONDENT**

53. IDENTIFICATION OF RESPONDENT. Identify the person or persons who provided the answers to the questions in this Business Concern Disclosure Statement. If more than one individual provided answers, identify by specific number the questions answered by each individual. Use additional copies of this page, as necessary.

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

PART XVII

RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, law enforcement agencies, military records custodians, credit reporting agencies, taxation authorities (including the I.R.S.) and foreign and domestic governmental agencies (federal, state and local), and any other institution or person without exception:

On behalf of _____
(name of applicant)

I, _____, have authorized the Attorney

General of New Jersey to conduct an investigation into the background of the said enterprise for the purpose of determining the suitability of the enterprise to hold a solid waste or hazardous waste license, as provided under N.J.S.A. 13:1E-126 et seq.

Therefore, you are hereby authorized to release any and all information pertaining to the said enterprise, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Attorney General of New Jersey.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

Dated: _____
Signature _____

Type or print title/position

State of New Jersey)
)
County of _____)

I certify that on the _____ day of _____, 200____, _____
(Name)

came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and

(B) was authorized to and did execute this instrument on behalf of and as _____
(Office)

of _____, the entity named in this instrument.
(Name of entity)

(Notary public)
(Seal)

PART XVIII

BUSINESS CONCERN DISCLOSURE STATEMENT CERTIFICATION

This Business Concern Disclosure Statement must be signed and certified below by a responsible official of the applicant. Use additional copies of this page, as necessary.

I, _____, hereby

certify that I have read, in its entirety, the attached Business Concern Disclosure Statement

of _____, as well as the instructional
(Name of Applicant)

material provided with this document, and that the information provided is true to the best of my knowledge.

I further certify that I have caused a diligent effort to be made by the employees and agents of the applicant to honestly and thoroughly respond to the inquiries in this Business Concern Disclosure Statement and that I have ensured that the information provided on this Business Concern Disclosure form has been verified. I am aware that if the foregoing statement made by me is willfully false, I am subject to criminal prosecution. I further understand that fraudulent, deceptive, misleading or negligent answers may result in the denial or revocation of the applicant's license.

Date: _____ Signature: _____

Type or print name

Type or print title/position

State of New Jersey)
)
County of _____)

I certify that on the _____ day of _____, 200____, _____
(Name)

came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and

(B) was authorized to and did execute this instrument on behalf of and as _____
(Office)

of _____, the entity named in this instrument.
(Name of entity)

(Notary public)
(Seal)

If form was prepared by a person other than the individual or individuals signing this certification (e.g., an attorney, accountant, etc.), indicate that person's name, address and telephone number and relationship to the applicant:

Name: _____ Telephone: _____

Address: _____

Title/position: _____

SUMMARY OF PRINCIPALS

Please fill out the list of principals of this applicant. The list will duplicate some other information set requested above.

OFFICERS OR LLC MANAGERS (Question #12)

name	title	d.o.b.	SS#	Date Took Pos.
------	-------	--------	-----	----------------

DIRECTORS (Question #13)

name	d.o.b.	SS#	Date Took Pos.
------	--------	-----	----------------

PARTNERS (Question #16)

Name of Company/Individual	d.o.b.	SS#	Date Took Pos.
----------------------------	--------	-----	----------------

[illegible]

EQUITY HOLDERS, IF NOT LISTED ABOVE AS PARTNER (Question #43/44)

Name of Company/Individual	d.o.b.	SS#	Date Took Pos.
----------------------------	--------	-----	----------------

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

OWNERS OF ENTITIES OTHER THAN SOLE PROPRIETORSHIPS,
CORPORATIONS, LLCs, PARTNERSHIPS, OR JOINT VENTURES, IF
NOT LISTED ABOVE AS PARTNER OR EQUITY HOLDER
(Question #19)

Name of Company/Individual	d.o.b.	SS#
----------------------------	--------	-----

[illegible]

DEBT HOLDERS (Question #46/47)

Name of Company/Individual	d.o.b.	SS#
----------------------------	--------	-----

KEY EMPLOYEE (Question #25)

name	title	d.o.b.	SS#	Date Took Pos.
------	-------	--------	-----	----------------

CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS

The following individuals hereby certify that they have read the social security notice on page 5 of the instructions to this Business Concern Disclosure Statement and consent to the disclosure of their social security numbers for the limited purposes set forth therein.

_____ printed name	_____ signature	_____ date
_____ printed name	_____ signature	_____ date
_____ printed name	_____ signature	_____ date
_____ printed name	_____ signature	_____ date
_____ printed name	_____ signature	_____ date
_____ printed name	_____ signature	_____ date
_____ printed name	_____ signature	_____ date
_____ printed name	_____ signature	_____ date
_____ printed name	_____ signature	_____ date

Please make additional copies of this page as needed

APPENDIX A

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
ENVIRONMENTAL ENFORCEMENT SECTION, A-901 UNIT

**BUSINESS CONCERN DISCLOSURE STATEMENT
INSTRUCTIONS**

(For help with these forms, or to answer other questions related to the A-901 Program, feel free to contact the New Jersey Division of Law, Environmental Enforcement Section, A-901 Unit, Richard J. Hughes Justice Complex, P.O. Box 093, Trenton, NJ 08625, or call (609) 292-6018 or 6019.)

1. WHO MUST FILL OUT THIS FORM. Every applicant for or holder of an NJDEP solid waste or hazardous waste license who is required to file a disclosure statement must complete this form. Sole proprietors must complete this form **and** a Personal History Disclosure Statement Form.

2. WHO IS AN APPLICANT. You are an applicant if you are not currently operating any waste management business licensed in New Jersey. Even if you already operate an existing business, you are an applicant if you are seeking a license for a new activity. Example: a transporter seeking a license to operate a transfer station.

3. ALL QUESTIONS MUST BE ANSWERED. Read every question carefully before answering it. Answer every question completely. Do not leave any blank spaces. Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is "none", write "none". If the item is not applicable, write "not applicable" or "N/A", **with an explanation of why. Unanswered questions will result in the application being deemed incomplete and, therefore, returned for additional information.**

4. ANSWER COMPLETELY AND TRUTHFULLY. Failure to answer any question completely may result in your statement being returned to you for supplementation of your answers, and will delay processing of your application. However, you should not answer "Do Not remember", or similar words, simply because the information is not immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely. Failure to answer truthfully may result in a denial of your application.

5. ADDITIONAL SPACE. If you need additional space to answer a question, make and use copies of the appropriate pages. Insert additional pages immediately following the page on which the question you are answering initially appears. Be sure to indicate that your answer to the question is "continued on Page 25a of 52" (for example) and also be sure to mark the new number in the top right hand corner Page 25a of 52 (to continue the example).

6. SECOND-LEVEL BUSINESS CONCERN DISCLOSURE STATEMENTS. Second-Level Business Concern Disclosure Statements (Second-Level Forms) must be filed by all parent companies of the applicant, including all immediate, intermediate and ultimate "parent" companies. Each parent company must file a separate Second-Level Business Concern Disclosure Statement.

Parent companies include any business concern which holds any equity or debt liability in the applicant or license-holder itself, or which holds, directly or through another entity, any debt liability or equity in a parent company. In other words, all business entities "upstream" of the applicant or license holder, i.e., parents, grandparents, great-grandparents, etc. must file Second-Level Business Concern Disclosure Statements. These Second-Level Forms must be submitted along with the Business Concern Disclosure Statement of the applicant or license holder.

Limitations: If the license-holder or applicant or a parent business concern is a publicly-traded corporation,

a Second-Level Form need not be filed by a holder of 5% or less of the equity or debt liability of the publicly-traded entity. Also, please note that debt liability does not include accounts payable for goods and services received unless the amount owed to a particular creditor exceeds 5% of the business concern's total debt liability or net worth, whichever is greater. Debt liability also does not include accounts payable for goods and services received if the amount owed to a particular creditor is less than \$10,000.00. Also, if the debt liability of the applicant, license-holder or a parent business concern is held by a chartered lending institution, then that chartered lending institution is not required to file a Second-Level Form.

7. LESSOR BUSINESS CONCERN DISCLOSURE STATEMENTS. Business Concern Disclosure Statements for Lessors must be filed by all applicants, permittees and licensees for business concerns from which they lease ten or more solid waste vehicles and operators and which are not themselves permittees or licensees, or when such leased vehicles represent at least 20 percent of the permittee's or licensee's fleet of solid waste vehicles, or when they lease 20 or more solid waste operators from a single lessor which is not a permittee or licensee, as well as personal history disclosure statements for the lessor's directors, officers, key employees, partners, and equity holders. N.J.A.C. 7:26-16.6(i) and (j).

8. PERSONAL HISTORY DISCLOSURE FORMS. Personal History Disclosure Forms (Personal Histories) must be submitted by the equity holders, directors, officers, partners and key employees of the applicant or license-holder itself, except that if a business concern is publicly traded, holders of 5% or less of its equity need not file Personal Histories.

In addition, Personal History Disclosure Forms must be filed by the equity holders, directors, partners and officers of all parent companies of the applicant or license-holder. This applies to all immediate, intermediate and ultimate parent companies. Personal Histories must be submitted along with the Business Concern Disclosure Statement.

Please Note: If a business concern has more than 4 officers or 2 key employees, contact the Division of Law at the numbers or address noted below prior to submitting the personal histories for those officers or key employees.

9. ATTACHMENTS AND/OR EXHIBITS. If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as, for example, "Attachment No._____" or "Exhibit No._____" (be consistent) and attach it at the end of the form.

10. FEE CALCULATION. Certain fees must be paid to the Department of Environmental Protection and the Office of the Attorney General in connection with the processing of this Disclosure Statement. The Division of Law will calculate the fee upon the review of the Disclosure Statement and forward an invoice to the applicant - **DO NOT SEND PAYMENT WITH THE SUBMISSION OF THIS DISCLOSURE DOCUMENT.**

11. FINGERPRINTS. Individuals who are required to file Personal History Disclosure Forms must also be fingerprinted for identification and investigative purposes. You must arrange for the taking of fingerprints on fingerprint cards provided by the Division of Law. **Please note that there are two distinctly different fingerprint cards.** Additional cards may be obtained by calling the Division at (609) 292-6018 or 6019 or writing to the New Jersey Division of Law, Environmental Enforcement Section, A-901 Unit, Richard J. Hughes Justice Complex, P.O. Box 093, Trenton, NJ 08625. **WE STRONGLY SUGGEST THAT YOU HAVE ACTIVE LAW ENFORCEMENT PERSONNEL TAKE THESE PRINTS, SINCE WE HAVE FOUND THAT PRINTS TAKEN BY OTHERS ARE OFTEN IMPROPERLY TAKEN, RESULTING IN SIGNIFICANT DELAY IN PROCESSING AN APPLICATION.**

12. TYPE OR PRINT YOUR ANSWERS. Type or print in legible block letter style. Handwritten forms will be returned if entries are illegible. This form is available in WordPerfect for Windows 6.1 format, by e-mail. Call (609) 292-6018 or 6019 to have the form e-mailed to you.

WARNING

FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IN ADDITION, ANY PERSON WHO KNOWINGLY OR RECKLESSLY MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION.

Be especially careful not to leave out information that might create the impression you are trying to hide it. For example, a minor criminal conviction will probably not disqualify your firm from being licensed; however, attempting to conceal the conviction may lead to a finding of a lack of trustworthiness, and result in disqualification. Omitting such information from this form, even unintentionally, may result in your trustworthiness being questioned. Even if the question is resolved in your favor, your application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way - for example, by entering "do not remember." This may result in additional inquiries from the Department or the Attorney General's office but, if entered in good faith, will avoid the implication that you are trying to conceal information. However, you should not answer "do not remember" simply because the information may not be immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the question completely.

SOCIAL SECURITY NUMBERSNotice required under Section 7(b) of the
Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Department of Environmental Protection and the Attorney General are authorized to request Social Security numbers by the section of the A-901 statute that defines the content of the Disclosure Statement, N.J.S.A. 13:1E-127(e). The Social Security number is used as a secondary identifier by the New Jersey State Police when conducting background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification when the State Police conduct checks of criminal history records maintained by the State and Federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and decisions on licensure because of the additional investigation time which may be necessary to confirm identifications without the Social Security number. In addition, the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

APPENDIX B DISQUALIFYING CRIMES

Pursuant to N.J.S.A. 13:1E-133(b) and N.J.A.C. 7:26-16.8(b), an applicant, permittee or licensee may be disqualified from holding a solid waste or hazardous waste license "if any person required to be listed in the disclosure statement or shown to have a beneficial interest in the business of the applicant, permittee, or the licensee" has been convicted of any of 22 categories of crimes listed in the statute.

The term "any person required to be listed in the disclosure statement" includes owners, stockholders, officers, directors, partners, key employees and holders of debt liability. The term "shown to have a beneficial interest" is meant to cover situations where an individual has an informal interest that may not show up on a disclosure statement-- such as a regular cash payment from company funds.

Disqualifying crimes are any of the following under New Jersey laws, or equivalent laws of any other jurisdiction.

1. Murder;
2. Kidnaping;
3. Gambling;
4. Robbery;
5. Bribery;
6. Extortion;
7. Criminal usury;
8. Arson;
9. Burglary;
10. Theft and related crimes;
11. Forgery and fraudulent practices;
12. Fraud in the offering, sale or purchase of securities;
13. Alteration of motor vehicle identification numbers;
14. Unlawful manufacture, purchase, use or transfer of firearms;
15. Unlawful possession or use of destructive devices or explosives;
16. Violation of N.J.S.A. 2C:35-5, except possession of 84 grams or less of marijuana, or of N.J.S.A. 2C:35-10;
17. Racketeering, N.J.S.A. 2C:41-1 et seq.
18. Violation of criminal provisions of the "New Jersey Antitrust Act," N.J.S.A 56:9-1 et seq.
19. Any purposeful, knowing, willful or reckless violation of the criminal provisions of any federal or state environmental protection laws, rules, or regulations, including but not limited to solid waste or hazardous waste management law, rules or regulations;
20. Violation of N.J.S.A. 2C:17-2;
21. Perjury, false swearing or any other offense set forth in Chapter 28 of the New Jersey Code of Criminal Justice, N.J.S.A. 2C:28-1 et seq.
22. Any violation of the Solid Waste Utility Control Act, N.J.S.A. 48:13A-1 et seq. or P.L. 1981, c. 221 (N.J.S.A. 48:13A-6.1).

NOTICE: These descriptions are for information purposes only. For official text you must consult the statute, N.J.S.A. 13:1E-126 et seq., and its implementing regulations at N.J.A.C. 7:26-16.1 et seq.

APPENDIX C REHABILITATION CRITERIA

N.J.S.A. 13:1E-133.1 provides for an exception to the disqualification that would otherwise result from a criminal conviction of

1. an applicant, permittee, or licensee;
2. a director, officer, or key employee of the applicant, permittee, or licensee;
3. a business or individual holder of equity or debt in the applicant, permittee, or licensee;
4. a director, officer, equity/debt holder, or key employee of an immediate or upstream business holder of equity/debt in the applicant, permittee, or licensee;
5. A lessor of operators or solid waste equipment filing pursuant to N.J.A.C. 7:26-16.6(i) or (j),

where the convicted individual/business concern demonstrates "by clear and convincing evidence" the convicted individual's/business concern's rehabilitation.

The Department is required to request a recommendation from the Attorney General, and to consider the following factors for a convicted "business concern" when weighing the issue of rehabilitation. The phrase "business concern" includes the applicant, permittee, or licensee itself (if not organized as a sole proprietorship), **and** "second-level business concerns" (generally, corporate or other business-entity holders of equity/debt in the applicant, permittee, or licensee, and their parents, etc. See Appendix A, para. 6). It also includes lessors required to file pursuant to N.J.A.C. 7:26-16.6(i) or (j). (Criteria for demonstrating the rehabilitation of convicted **individuals** are attached to the Personal History Disclosure forms.)

- (1) The nature and seriousness of the crime;
- (2) The circumstances under which the crime was committed;
- (3) The date of the crime;
- (4) Whether the crime was an isolated or repeated act; and
- (5) The full criminal record of the convicted business concern, any record of civil or regulatory violations or notices or any complaints alleging any such civil or regulatory violations, or any other allegations of wrongdoing.